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ABSTRACT

This nutrition problem classification system is an attempt to classify the nutritional needs and problems of children and youth. Its two most important uses are problem identification and monitoring for individual patients and creation of an information base for developing program plans for intervention in a service population. The classification codes are intended: to assist in identification of problems and to describe health status, to make summarizations of problems and status easier for groups of served persons, and to be used in patient care planning, care evaluation audit and review. They can also be used to form a base for field research. This system classifies problems into six major groupings: physical problems or long-term illness, behavioral/emotional/learning problems, the child's environment; growth and development, stress and transient situations, and child rearing and home management. A seventh grouping describes the child's state of health as "well" within the expertise of the nutrition discipline, while also classifying anticipatory needs of children whose current state of health is either "well" or "not well". The diagnostic codes have been designed as a four digit categorization system. Separate numerical codes have been developed on the basis of frequency of occurrence, importance and preciseness of characterization of the condition or problem. (Author/JP)

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ED138700

NUTRITION PROBLEM CLASSIFICATION

FOR

CHILDREN AND YOUTH

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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PREFACE

The Children and Youth projects were established in 1965 to provide comprehensive health care to children of low-income families. Early in the development of these projects, it became apparent that health professionals, other than physicians and dentists, did not have a classification system for identifying and reporting patient problems. Supported by a Maternal and Child Health research grant, Minnesota Systems Research, Inc., has developed Problem Codes for Nursing, Social Work, Nutrition and Psychology. This work was accomplished with the assistance of professionals of these disciplines from project, Regional, and Central Office staff. The Problem Codes have been pilot tested and revised on the basis of comment from practitioners.

Major objectives of the Bureau of Community Health Services include the improvement of child health care in all delivery settings. To assist in implementing this objective, the Bureau of Community Health Services is disseminating these Problem Codes to providers in the field for expanded application. This problem classification system is a tool to be used in recording and identifying health problems presented to practitioners by their patients. It is a first step toward standardizing the diagnostic information used in deciding what care is needed and appropriate for individual and family health. Because of consistency in terminology, the use of the code can lead to improved record keeping and to improved communication between health professionals. Potentially, it can be used in aggregate form for program planning, determining provider effectiveness, resource allocation, and finally, for evaluation of various modes of health care delivery.

To be of value, the Problem Codes must be utilized by people who understand and appreciate its potential and its limitations in carrying out a specific activity. Regional workshops are being planned for consulting and practicing multidiscipline professionals on the use and benefits of the Problem Codes. We urge you to review this problem classification system and to utilize it where feasible.

We invite your critical comments.

Vince L. Hutchins, M.D.
Director
Division of Clinical Services
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APR 12 1977

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INTRODUCTION TO CLASSIFICATION SYSTEM OF NUTRITION PROBLEMS

This Nutrition Problem Classification system is an initial effort to classify the results of the assessment function for nutritionists. It was developed within the framework of a multi-disciplinary program for the delivery of child health services. The codes are intended to:

a) assist in identification of problems and to describe health status

b) make summarizations of problems and status easier for groups of served persons

c) be used in patient care planning, care evaluation audit, and review as well as to form a base for field research.

In 1965 the Federal government passed legislation requiring the delivery of comprehensive health care to children of low-income families through Children and Youth (C & Y) projects. This legislation required all projects to collect certain data about the population they served, the health problems they encountered, and the services they delivered. One class of required data items was the medical and dental conditions diagnosed. At that time a classification system for medical and dental diagnoses existed and was modified for C & Y project reporting. It soon became apparent, however, that other disciplines, including nutrition, social work, psychology and nursing might also benefit from the use of a classification system for identifying and reporting patient problems related to their areas of functioning.

The development of a nomenclature and classification system for nutrition, nursing, social work and psychology was begun and completed as a part of a grant which required the collection of uniform statistical data to be used in documenting the delivery of comprehensive health care to children and youth. Professionals from each of these four areas were selected to form task forces. Each of these task forces was to develop a system which would name and code the status of patients when assessed in each of their disciplines. At various stages in the development of these four pieces of work, the materials were tested by practitioners in differing types of health care delivery settings. Based on the results of these trials, the materials were then revised.

In the context of this nomenclature and classification scheme, the term "problem" has been used to connote the status of a child who has been assessed by professionals in the nutrition discipline and found to be "not well", i.e., an actual or anticipated dysfunction of the individual by nutritional standards. It presumes that the systematic process of restoring and enhancing functioning, as well as preventing dysfunctioning within the framework of the nutritional expertise, can best occur when an orderly identification of needs or problems is individually perceived and then documented for individuals or populations. The system classifies problems into six major groupings: 1) physical problems or long-term illness; 2) behavioral/emotional/learning problems; 3) the child's environment; 4) growth and development; 5) stress and transient situations; and 6) child rearing and home management. A seventh grouping is included which has a dual purpose; it provides a code which describes the child's state of health as "well" within the expertise of the nutrition discipline, while also classifying anticipatory needs of children whose current state of health is either "well or "not well".

As a discipline, nutrition uses the concept of multiple causation of problems recognizing the bio/psycho/social nature of individuals. This classification system reflects that concept in its descriptive terms and structure. In so doing, it makes it possible for the user to identify clusters of functions and dysfunctions of individuals, and is also the first step in quantifying the areas of need and the gaps in service for groups.

This classification and coding system is, therefore, one element in defining the complete array of health problems which occur in a population. Although it offers a means of describing and documenting functioning and dysfunctioning, for each discipline area, it does <u>not</u> identify or prescribe methods of intervention.

PURPOSE

The development of the Nutrition Problem Classification is an early step in the direction of providing a uniform nomenclature for classifying the needs and problems of children and youth. There are many potential uses for a diagnostic classification and coding system. The two most important

uses for the practitioner are a) problem identification and monitoring for individual patients and b) creation of an information base for developing program plans for intervention for a service population. With respect to the individual patient, the classification structure facilitates a more complete assessment because it suggests a wide spectrum of possible considerations such as: anticipatory guidance; illness management; physical, behavioral, emotional and learning problems, environmental and community effects; growth and development; stress and crisis management problems. With respect to the population needs, the incidence of specific problems can be determined in order to identify the frequency of prevailing problems, high risk groups in a given population, the direction of efforts by professionals in that field, and the contribution of nutrition to the total care for the patient within that particular health care delivery setting.

UTILIZATION - APPLICATION

The use of the Nutrition Problem Classification will suggest functions and applications for the future as data are generated by different health care sites and practitioners. Included below are selected potential uses and applications of the diagnostic classification and codes.

Patient Care

By using the classification and codes a more complete and explicit identification and definition of the problem or problems of the individual patient can be made. This should result in specific, tailor-made care plans for each person. This system can also be used as the basis for a relatively simple monitoring mechanism to track each individual in terms of their problems and care plan and thus check on the effectiveness of the planned intervention.

Planning

In order to decide on a plan - who is to do what; with, by, to and for whom; at what time; in what place; by what methods; using what resources; in what sequence; for what intended outcome - one must begin with an identification and definition of the problem. This coding and classification can serve as that initial step in planning for an individual or for a program.

By summarizing data collected on the nature and extent of nutrition problems one can identify unmet needs, gaps in services, and priorities for program planning. The periodic review of the data will make it possible to shift program priorities as intervention affects previously identified problems.

This classification and coding system also enables interdisciplinary problem identification and planning in a team setting. This is followed by determining which team member is responsible for intervention, thereby eliminating a duplication of unnecessary patient and staff interaction.

Accountability

Use of the coding system provides the opportunity for the practitioner to describe nutrition problems in a uniform manner and thus assemble data which can identify unmet needs or gaps in service for the individual or populations being served. Comparison of problems over time, across disciplines and health care settings, as well as by region, age, sex and ethnic group will provide an extensive data base useful to practitioners and health planners. The data will also help health care professionals see the magnitude of existing problems, give order to priorities for service, and show manpower needs internally to their program planners as well as externally to legislators, budget administrators, third party payors and other individuals whose decisions affect the existence and scope of health care delivery systems.

Program Evaluation

The codes will provide the data base and (if used in monitoring care plans) the outcomes for evaluating the efficiency and/or effectiveness of both intervention and prevention programs.

Research

The data base provided by the diagnostic codes is potentially the required resource for research to investigate relationships between nutritional problems and other health problems; between problems and types of intervention; and between problems and outcomes.

INSTRUCTIONS FOR USING NUTRITION PROBLEM CODES

RATIONALE FOR ASSIGNING CODES

The diagnostic codes have been designed as a four digit categorization system. Separate numerical codes have been developed on the basis of frequency of occurrence, importance and preciseness of characterization of the condition or problem. In addition to the tabular numerical code listing there is an alphabetical index of the conditions/problems with their corresponding numerical code.

Prior to assigning a numerical code, the alphabetical listing should be consulted to locate the correct problem descriptor and corresponding numerical code. It is possible that a particular descriptor or descriptive phrase may have more than one alternative numerical code reflecting nutritional problems or status. When more than one code is possible for one problem the level of preciseness or focus from the assessment will determine which code to use.

It is important to note that this classification system is a compromise: a composite index which will not meet all specialized needs. It is also important to realize that the degree of standardization is often erratic in terms of: 1) the focus of nutrition practice across various health care settings; 2) the assessment/workup process from one practitioner to another in the same discipline and/or; 3) the description of nutritional functioning or dysfunctioning from one nutritionist to another even within the same setting. It is hoped, however, that this endeavor will improve standardization in these areas (when possible) and provide at least a common basis of nomenclature and classification of problems. By summary tabulation it can also document the degree of functioning or dysfunctioning which exists in a population of children and youth.

The degree of completeness of recording identified problems for each child depends upon the use to be made of such information:

1. INDIVIDUAL PROBLEMS OR STATUS

   If the coded information is to be used to indicate intended resolution of the problem or other status, the practitioner would code only those problems which he/she expects to affect or resolve or the status he/she expects to maintain.

2. INCIDENCE OF PROBLEMS

   If the coded information is to be used to indicate the rate at which problems are newly arising in a program or community, the practitioner would only need to code an individual's problems/needs which fit the targeted objectives of the practitioners and/or program (and summarize them).

3. PREVALANCE OF PROBLEMS

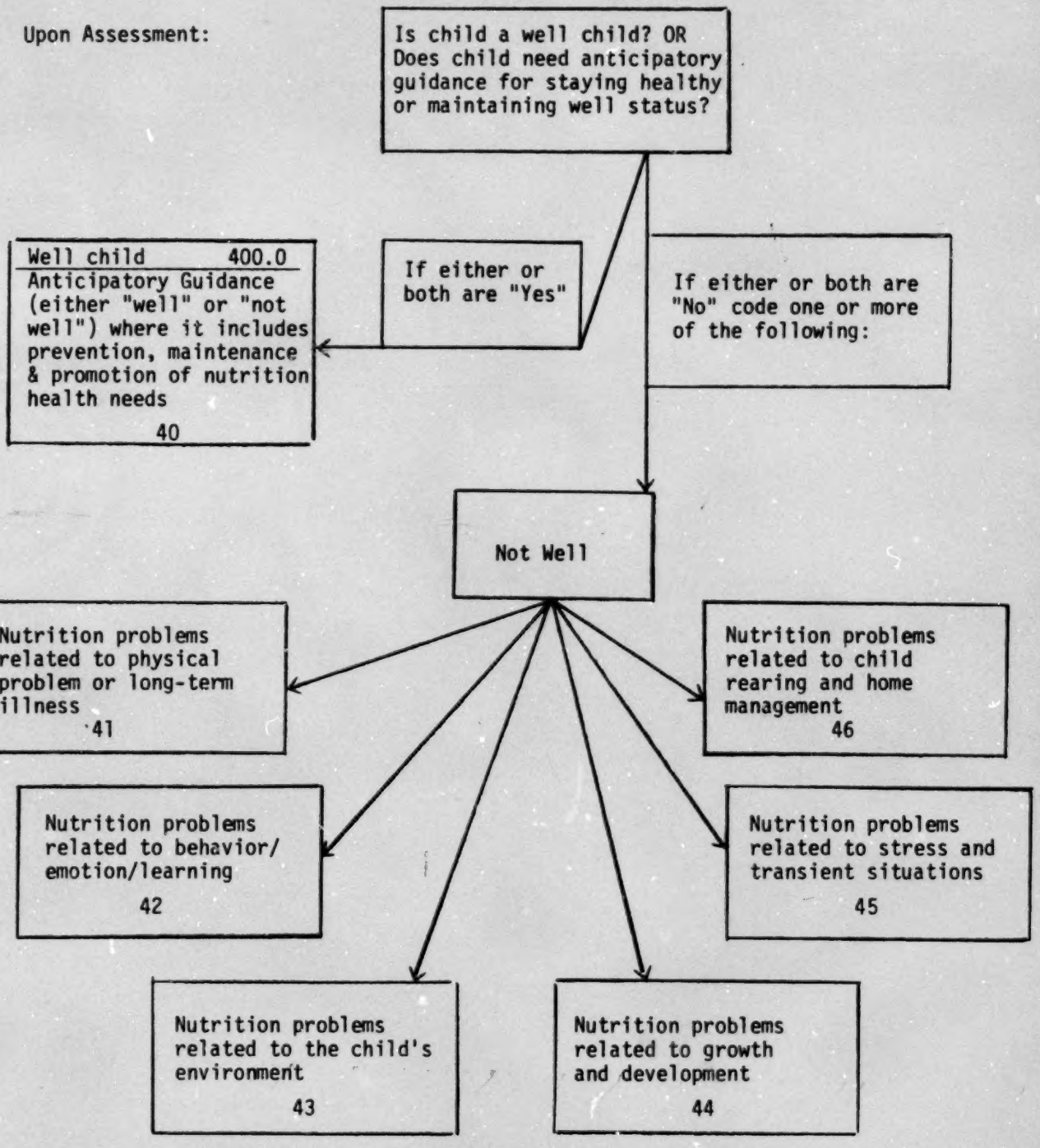
   If the coded information is to be used to indicate the rate at which problems exist in the community, the practitioner would need to list and code all problems identified for each child (the child's general health status) so that they can be summarized for the service area.

In all cases, it should be emphasized that the codes are to be used to document problems and needs of children and youth and not intervention techniques/methods. These problems are identified specifically in the nutritionist's area of functioning, and are usually not the same as the medical diagnoses, although they are often related. Furthermore, the nomenclature and classification scheme is designed to be patient specific, and is not designed to describe specifically the family situation, other family members or other external forces or conditions except as the codes specify them to be a factor or an impingement upon the functioning or dysfunctioning of the particular child being assessed.

DESCRIPTION OF PROBLEM CODE BY POSITION DIGIT

The following diagram represents the major categories of problems which form the basis of the classification scheme for nutrition.

NUTRITION CODES: MAJOR CATEGORIES


Upon Assessment:
Is child a well child? OR Does child need anticipatory guidance for staying healthy or maintaining well status?
If either or both are "Yes"
Well child 400.0
Anticipatory Guidance (either "well" or "not well") where it includes prevention, maintenance & promotion of nutrition health needs
40
If either or both are "No" code one or more of the following:
Not Well
Nutrition problems related to physical problem or long-term illness
41
Nutrition problems related to child rearing and home management
46
Nutrition problems related to behavior/ emotion/learning
42
Nutrition problems related to stress and transient situations
45
Nutrition problems related to the child's environment
43
Nutrition problems related to growth and development
44

First Position Digit Identifies the Discipline or Functional Area

3 - Nursing

4 - NUTRITION

5 - Social Work

6 - Psychology

Second Position Digit Identifies the Major Categories (see diagram)

40 - Well child; anticipatory guidance for "well" and "not well" children, i.e., prevention, maintenance and promotion of nutritional health needs.

41 - Nutritional problems related to physical problem or long-term illness.

42 - Behavioral/emotional/learning problems of the child affecting nutritional status.

43 - Environmental problems affecting nutritional status.

44 - Nutritional problems related to overt problems due to temporary deviations from normal growth and development.

45 - Nutrition management problems related to stress and transient situations (short-term).

46 - Child rearing and home management problems affecting nutritional status.

Third Position Digit Identifies the Problem More Specifically

The third position digits _ _ 0 to _ _ 9 in the code structure identify more specifically the nutritional problems in each of the major categories. The third digit, _ _ 9, has been designated "Other" and is to be used consistently for the few of a kind problems, not otherwise specified. The recorder should always state the problem when this third digit 009 - Other is used. Users may wish to designate a separate code for a certain "other" problem group if that problem exists in their setting in sufficient numbers.

Fourth Position Digit Identifies the Problem by Name or Very Specifically

The fourth position digits _ _ _.0 to _ _ _.9 in the code structure identify by name the exact problem assessed in the nutritional area. The fourth digit, _ _ _.9, has been designated "Other" and is to be used consistently for the few of a kind problems, not otherwise specified. The recorder should always name the problem when this fourth digit _ _ _.9 - Other is used.

AREAS OF SPECIAL NOTE WHEN ASSIGNING CODES

Coding of Well Child Status/Anticipatory Guidance

Category 40 - includes a code for the well child who at the present time has no needs other than routine health promotion counseling - 400.0. If, however, the nutritionist judges that the well child has a specific area of potential need, a code from 401 - 409 should be assigned which will specify that particular anticipated nutritional need. When there are areas of anticipatory guidance covered routinely, as part of the overall nutrition program, it is not necessary to code this routine. Only when the nutritionist has particular concern or sees a special anticipatory guidance need does a specific code need to be assigned to the well child.

Coding of Anticipatory Needs

In addition to applying the anticipatory guidance codes in 401 - 409 to a well child status, these codes may also be used in association with illness conditions or problems of not well children (410 - 499). If a child has a problem and needs related anticipatory counseling, code the problem(s) and also code any anticipatory or supportive counseling need(s).

Problems of Family or Environment Affecting Child

As has been stated, this nomenclature and classification system is based on patient specific assessment and is limited to problems of a child and youth population. It includes sections for coding the child's community or household environment, as well as cultural and family practices which appear to impinge directly on the child's nutritional status. However, these codes are not intended to describe fully the status or problems of those other persons or situations.

Distinction in Similar Nomenclature Used at Third and Fourth Digit Positions

In some cases the same or similar phrases are used to code conditions at both the third digit level and fourth digit level. The assignment of the appropriate code is dependent on the depth and thoroughness of the assessment/workup process,

as well as the role and focus of the nutrition program and practitioner. It may not be possible for the assessment/workup to be sufficiently in depth to name the specific condition. At that time a third level code should be used. The completeness with which the practitioner is able to define and describe the patient's overall nutritional status may therefore, dictate the level of code which can be assigned.

Followup Visits

When patients return for a followup visit for a previously identified problem, the recording system to which this coding applies must include some mechanism to assure that it is a revisit and not a new condition. Although the followup mechanism should be documented as part of a summary data system, it is beyond the scope of this tool. Comment is included here to be certain that multiple recording and reporting of the same condition does not occur in the uses for planning or estimating prevalence or incidence.

Identification of Problems, Not Intervention Techniques

In utilizing this classification system, it is important to remember that the results of the assessment of a situation which exists or potentially exists as a problem or need is what is being classified, not an intervention technique or method. As a result of the assessment/workup process, one or more short descriptive statements or phrases are written which summarize the findings of that process, i.e., problems are described or "wellness" is documented and numerical codes are assigned to these statements. Following this assessment a plan of care should be developed which will include methods or techniques of intervention or treatment to resolve the problems or maintain the "wellness". It is not possible to classify these intervention techniques or methods using these codes as presently developed, although this system would form the basic data set for any subsequent monitoring of intervention or evaluation of outcomes.

CASE EXAMPLES AND APPLICATION OF NUMERICAL CODES

Case #1: Melissa is a 5 9/12 year old female with Cerebral Palsy. She is referred to the nutritionist because of a chewing and swallowing problem. Problem Code: 410.1

4	1	0	. 1
Designates NUTRITION as area identifying the problem	Designates major problem as MANAGEMENT OF PHYSICAL PROBLEM OR LONG TERM ILLNESS	Designates specific problem as NUTRITIONAL MANAGEMENT OF PHYSICALLY HANDICAPPED	Name of problem is NEED FOR FEEDING TECHNIQUES &/OR SELF-FEEDING SKILLS

Case #2: Molly is a 19 year old mother who is referred to the home economist because she needs clothing for her children. The home economist learns that she knows how to sew, but not how to use the available sewing machine. The patient wants to repair and remodel clothing that has been given to her and also make some new garments. Problem Code: 464.0

4	6	4	. 0
Designates NUTRITION as area identifying problem	Designates major problem as CHILD REARING AND HOME MANAGEMENT	Designates specific problem as CLOTHING AND HOUSEHOLD GOODS MANAGEMENT	Name of problem is NEED FOR ADEQUATE CLOTHING AND HOUSEHOLD GOODS

Case #3: Bobby is a 3 year old healthy boy who is referred to the nutritionist because of his mother's concern about his small appetite and selective food preferences. Problem Code: 402.0

4	0	2 . 0
Designates NUTRITION as area identifying	Designates major area as ANTICIPATORY GUIDANCE	Designates that SUPPORTIVE COUNSELING SPECIFIC TO THE PRE-SCHOOL CHILD	Names specific area for counseling as FOOD JAGS, SMALL APPETITE

CONCLUSION

As with most developmental endeavors of this type, no amount of testing, revising and thought can create a product that does not need to be updated, changed and/or expanded to meet future needs. In any profession, areas of expertise, interest and focus change over time.

There are one-thousand codes available in this particular coding scheme. By adding another digit greater specificity could be accomplished. However, far less than the one-thousand possibilities are currently utilized. Within this schema, expansion could be made for more preciseness, for specialized areas of nutritional care, or for inclusion of other age groups.

4-- NUTRITION PROBLEM CLASSIFICATIONS

40- ANTICIPATORY GUIDANCE FOR "WELL" AND "NOT WELL" CHILDREN

400 Well Child

- 400.0 Well child, only routine anticipatory guidance needed, no specific problem

401 Infants (0-12 months), need for preventive, anticipatory guidance or supportive counseling in relation to

- 401.0 Introduction of foods, feeding practices for age
- 401.1 Dental care
- 401.2 Formula/food preparation
- 401.3 Breast feeding
- 401.4 Overfeeding, obesity
- 401.5 Myths
- 401.6 Nutrient needs, food/nutritional supplements
- 401.7 Underweight
- 401.8
- 401.9 Other

402 Pre-schoolers (1-5 years), need for preventive, anticipatory guidance or supportive counseling in relation to

- 402.0 Food jags, small appetite
- 402.1 Dental care
- 402.2 Obesity, overweight
- 402.3 Pica
- 402.4 Myths and fads
- 402.5 Delayed weaning, baby bottle syndrome
- 402.6 Nutrient needs, food/nutritional supplements
- 402.7 Underweight
- 402.8
- 402.9 Other

403 School age child (6-12 years), need for preventive, anticipatory guidance or supportive counseling in relation to

403.0 Obesity, overweight
403.1 Underweight
403.2 Nutrient needs, food/nutritional supplements
403.3 Dental care
403.4 Snacking
403.5
403.6
403.7
403.8
403.9 Other

404 Teenagers (13-19 years), need for preventive, anticipatory guidance or supportive counseling in relation to

404.0 Obesity, overweight
404.1 Underweight
404.2 Food fads, fad diets
404.3 Nutrient needs, food/nutritional supplements
404.4 Dental care
404.5 Lack of appetite, moodiness at mealtime
404.6
404.7
404.8
404.9 Other

405 Need for information or assistance on child rearing and home management

405.0 Clothing for child
405.1 Housekeeping skills
405.2 Family relationships
405.3 Money and other resource management
405.4 Child rearing practices
405.5 Major buying decisions
405.6 Food management skills
405.7 Play activity and equipment
405.8
405.9 Other

406 Currently unused, open for future use and expansion

406.0
406.1
406.2
406.3
406.4
406.5
406.6
406.7
406.8
406.9

407 Currently unused, open for future use and expansion

407.0
407.1
407.2
407.3
407.4
407.5
407.6
407.7
407.8
497.9

408 Currently unused, open for future use and expansion

408.0
408.1
408.2
408.3
408.4
408.5
408.6
408.7
408.8
408.9

409 Currently unused, open for future use and expansion

409.0
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409.6
409.7
409.8
409.9

41- NUTRITION MANAGEMENT PROBLEMS RELATED TO PHYSICAL PROBLEM OR LONG-TERM ILLNESS OF CHILDREN

410 Neurologic, neurosensory, muscular, orthopedic, mental retardation (e.g., cerebral palsey, congenital anomalies, polio, muscular dystrophy, seizure disorders, blindness)

410.0 Inadequate or inappropriate nutrients, consistency or fluids in diet
410.1 Inappropriate time, quantity and/or frequency of food intake
410.2 Procurement of special food or dietary product
410.3 Inadequate instruction on preparation of recommended foods or diet
410.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family

410.5 Social, emotional or learning problems
410.6 Inappropriate or inadequate techniques for self feeding skills
410.7 Need for adaptive equipment (chairs, utensils, tables, etc.)
410.8
410.9 Other

411 Chronic G.I. tract (e.g., cleft lip and/or palate, liver dysfunctioning, ulcers, tumors, colostomy)

411.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
411.1 Inappropriate time, quantity and/or frequency of food intake
411.2 Procurement of special food or dietary product
411.3 Inadequate instruction on preparation of recommended foods or diet
411.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
411.5 Social, emotional or learning problems
411.6 Inappropriate or inadequate techniques or self feeding skills
411.7 Need for adaptive equipment (chairs, utensils, tables, etc.)
411.8
411.9 Other

412 Chronic cardiovascular, blood and renal (e.g., kidney failure, rheumatic heart disease, blood dyscrasias)

412.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
412.1 Inappropriate time, quantity and/or frequency of food intake
412.2 Procurement of special food or dietary product
412.3 Inadequate instruction on preparation of recommended foods or diet
412.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
412.5 Social, emotional or learning problems
412.6
412.7
412.8
412.9 Other

413 Metabolic (diabetes, electrolyte imbalance, endocrine disturbances, lead poisoning)

413.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
413.1 Inappropriate time, quantity and/or frequency of food intake
413.2 Procurement of special food or dietary product
413.3 Inadequate instruction on preparation of recommended foods or diet
413.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family

413.5 Social, emotional or learning problems
413.6
413.7
413.8
413.9 Other

414 Dental Caries

414.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
414.1 Inappropriate time, quantity and/or frequency of food intake
414.2 Procurement of special food or dietary product
414.3 Inadequate instruction on preparation of recommended foods or diet
414.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
414.5 Social, emotional or learning problems
414.6
414.7
414.8
414.9 Other

415 Allergies (skin reactions, G.I. disturbances, respiratory involvement - hives, diarrhea, vomiting, asthma, hay fever)

415.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
415.1 Inappropriate time, quantity and/or frequency of food intake
415.2 Procurement of special food or dietary product
415.3 Inadequate instruction on preparation of recommended foods or diet
415.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
415.5 Social, emotional or learning problems
415.6 Inappropirate or inadequate techniques or self feeding skills
415.7
415.8
415.9 Other

416 Obesity

416.0 Inadequate or inappropriate nutrients, consistency or fluids in diet
416.1 Inappropriate time, quantity and/or frequency of food intake
416.2 Need for calorie restricted diet
416.3 Inadequate instruction on preparation of recommended foods or diet
416.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family

416.5 Social, emotional or learning problems
416.6 Lack of appropriate amount and/or type of exercise
416.7 Peer pressure from family and/or friends to lose weight
416.8
416.9 Other

417 Anemia

417.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
417.1 Inappropriate time, quantity and/or frequency of food intake
417.2 Procurement of special food or dietary product
417.3 Inadequate instruction on preparation of recommended foods or diet
417.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
417.5 Social, emotional or learning problems
417.6
417.7
417.8
417.9 Other

418 Currently unused, open for future use and expansion

418.0
418.1
418.2
418.3
418.4
418.5
418.6
418.7
418.8
418.9

419 Other (specify)

419.0 Inadequate or inappropriate nutrients, consistency or fluids in diet
419.1 Inappropriate time, quanity and/or frequency of food intake
419.2 Procurement of special food or dietary product
419.3 Inadequate instruction on preparation of recommended foods or diet
419.4 Lack of motivation or acceptance of diet or feeding process by parent and/or family
419.5 Social, emotional or learning problems
419.6 Inappropriate or inadequate techniques or self feeding skills
419.7
419.8
419.9 Other

42- BEHAVIORAL/EMOTIONAL/LEARNING PROBLEMS OF THE CHILD AFFECTING NUTRITIONAL STATUS

420 Behavioral/emotional problems affecting food intake and/or food practices

- 420.0 Refusal to eat
- 420.1 Regurgitation or rumination
- 420.2 Overeating
- 420.3 Bizarre or unusual food habits
- 420.4 Disruptive mealtime behavior
- 420.5
- 420.6
- 420.7
- 420.8
- 420.9 Ohter

421 Alcohol and drug abuse

- 421.0 Inadequate nutrient intake
- 421.1 No money for food
- 421.2 Forgets to eat
- 421.3 Refusal to eat
- 421.4 Addiction at birth
- 421.5
- 421.6
- 421.7
- 421.8
- 421.9 Other

422 Learning problems affecting food intake and/or food practices

- 422.0 Delayed self-feeding
- 422.1 Transition to solid foods delayed beyond one year
- 422.2 Improper food selection for nutrient need
- 422.3 Reading problems
- 422.4
- 422.5
- 422.6
- 422.7
- 422.8
- 422.9 Other

423 Currently unused, open for future use and expansion

- 423.0
- 423.1
- 423.2
- 423.3
- 423.4
- 423.5
- 423.6
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424 Currently unused, open for future use and expansion

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425 Currently unused, open for future use and expansion

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429 Currently unused, open for future use and expansion

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43- ENVIRONMENTAL PROBLEMS AFFECTING NUTRITIONAL STATUS

430 Physical problems of the home affecting nutritional status

430.0 Space and/or unsafe housing (includes sources of lead)
430.1 Refrigeration
430.2 Cooking facilities
430.3 Equipment for preparing and/or consuming food
430.4 Food storage space
430.5 Inadequate and/or unsafe water supply in home
430.6 Unsanitary conditions in home
430.7 Dwelling remote from grocery resources
430.8
430.9 Other

431 Cultural problems affecting nutritional status

431.0 Inappropriate substitutions for traditional foods
431.1 Food faddism
431.2 Pica/geophagy
431.3 Myths concerning food
431.4 Language barrier
431.5 Dieting at variance with cultural patterns of patient/family
431.6
431.7
431.8
431.9 Other

432 Community problems affecting nutritional status - lack of resources

- 432.0 Food markets
- 432.1 Transportation to markets
- 432.2 Food assistance to programs
- 432.3 Community water supply
- 432.4 School feeding programs
- 423.5 Nutrition and consumer education programs
- 432.6
- 432.7
- 432.8
- 432.9 Other

433 Community problems affecting nutritional status - utilization of resources

- 433.0 Food assistance programs
- 433.1 School feeding programs
- 433.2 Nutrition and consumer education programs
- 433.3
- 433.4
- 433.5
- 433.6
- 433.7
- 433.8
- 433.9 Other

434 Social conditions affecting nutritional status

- 434.0 Peer pressure
- 434.1 Extended families
- 434.2 Mass media
- 434.3 Food faddism
- 434.4 Misinformed health professionals
- 434.5
- 434.6
- 434.7
- 434.8
- 434.9 Other

435 Currently unused, open for future use and expansion

- 435.0
- 435.1
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436 Currently unused, open for future use and expansion

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44- NUTRITION PROBLEMS RELATED TO OVERT PROBLEMS DUE TO TEMPORARY DEVIATIONS FROM NORMAL GROWTH AND DEVELOPMENT

440 Inadequate or poor physiological development

- 440.0 Low birth weight
- 440.1 Sucking/chewing
- 440.2 Swallowing
- 440.3 Digestion
- 440.4 Excretion
- 440.5 Breathing
- 440.6 Neuro/motor coordination
- 440.7 Failure to thrive
- 440.8
- 440.9 Other

441 Inappropriate or inadequate food intake

- 441.0 Transient overweight
- 441.1 Low stature and low weight
- 441.2 Normal stature and low weight
- 441.3 Vitamin toxicity or deficiency
- 441.4 Baby bottle syndrome, delayed weaning, delayed addition of solids
- 441.5
- 441.6
- 441.7
- 441.8
- 441.9 Other

442 Currently unused, open for future use and expansion

- 442.0
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443 Currently unused, open for future use and expansion

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45- NUTRITION MANAGEMENT PROBLEMS RELATED TO STRESS AND TRANSIENT SITUATIONS (SHORT-TERM)

450 Nutritional problems during acute illness and surgery

450.0 Acceptance and/or modification of diet by patient and/or family
450.1 Procurement of appropriate food
450.2 Instruction or preparation of diet
450.3 Fluid intake
450.4
450.5
450.6
450.7
450.8
450.9

451 Nutritional management problems in adolescent pregnancy and/or lactation

451.0 Diet modification/nutritional supplements
451.1 Inadequate information and/or interpretation
451.2 Procurement of food
451.3 Inadequate intake due to nausea and/or vomiting
451.4 Food refusal due to pregnancy denial
451.5 Overeating, large weight gain
451.6 Pica
451.7
451.8
451.9 Other

452 Disruption of home and/or food management

452.0 Relocation
452.1 Loss of homemaker or family member by death or separation
452.2 Loss of utilities
452.3 Loss of income
452.4 Family crisis
452.5
452.6
452.7
452.8
452.9 Other

453 Currently unused, open for future use and expansion

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454 Currently unused, open for future use and expansion

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46- CHILD REARING AND HOME MANAGEMENT PROBLEMS AFFECTING NUTRITIONAL STATUS

460 Inadequate provisions for care of children (within home)

- 460.0 Supervision of child
- 460.1 Safety measures
- 460.2 Hygiene of child
- 460.3 Use of available resources
- 460.4 Child left with babysitter
- 460.5
- 460.6
- 460.7
- 460.8
- 460.9 Other

461 Income and money management that affects the child

- 461.0 Economic crisis
- 461.1 Inability to allocate income to meet needs
- 461.2 Lack of consumer information necessary to make appropriate buying decisions
- 461.3 Misuse of credit
- 461.4 Inappropriate purchase of food, equipment and/or furnishings
- 461.5 Inadequate utilization of income extenders (food assistance programs, school lunch, welfare aid and/or low cost foods, community services and resources)
- 461.6
- 461.7
- 461.8
- 461.9 Other

462 Family life management that affects the child

- 462.0 Disability (mental or physical) or death of parent or caretaker
- 462.1 Poor use of available living space
- 462.2 Lack of housekeeping skills
- 462.3 Inability of parent or caretaker to manage time and energy resources (own and family)
- 462.4 Inadequate clothing and household goods
- 462.5 Inadequate food management
- 462.6 Disrupted family relations
- 462.7 Alcohol or drug abuse in parent or caretaker
- 462.8
- 462.9 Other

463 Food management that affects the child

463.0 Food selection and buying, inadequate knowledge and skill
463.1 Food storage and sanitation, inadequate knowledge and skill
463.2 Meal planning, inadequate knowledge and skill
463.3 Food preparation, inadequate knowledge and skill
463.4
463.5
463.6
463.7
463.8
463.9 Other

464 Clothing and household goods management

464.0 Inadequate clothing and household goods
464.1 Inadequate consumer education in planning and buying
464.2 Inability to care for, repair and/or store
464.3 Need for equipment to make and/or care for clothing and household goods
464.4 Special clothing problems of family member, i.e., infant, handicapped child or child with allergies, pregnant adolescent
464.5 Inadequate amount of infant clothing
464.6
464.7
464.8
464.9 Other

465 ↓ 469 Currently unused, open for future use and expansion

47- ↓ 49- Currently unused, open for future use and expansion

NUTRITION AND HOME ECONOMICS ALPHABETICAL LISTING

- A -

Acne, feeding management problem 441.9
Addiction, drug, at birth 421.4
Addison's disease, feeding management ..... see 414
Adolescence
  pregnancy ..... see 451
  well ..... see 404
Alcohol abuse
  child ..... see 421
  parent 462.7
Allergy ..... see 415
Amino acids, metabolic feeding management ..... see 414
Anorexia
  refusal to eat 420.0
  regurgitation 420.1
  overeating 420.2
Anemia ..... see 417
  iron deficiency, information, according to age 401.6, 402.7, 403.2, 404.3
  secondary ..... see 450
  sickle cell ..... see 412
Appetite lag, or lack of 401.0, 402.0, 404.5
  forgets to eat, alcohol/drug abuse 421.2
  moodiness at mealtimes 404.5
Asthma
  acute ..... see 450
  allergic ..... see 414
  chronic ..... see 419

- B -

Behavioral problem ..... see 420
Birth weight, low 440.0
Bizarre or unusual food habits 420.3
Blindness, chronic, feeding management ..... see 410
Bottle syndrome, baby
  feeding management 441.4
  information 402.6
Budgeting
  misuse of credit 461.3
  lack of consumer information for buying decision 461.5
Burns, feeding management ..... see 410 or 413

- C -

Carbohydrate, inborn metabolic error, feeding mangement .... see 413
Cardiovascular disorders
congenital heart, feeding management ..... see 412
rheumatic fever, feeding management ..... see 412
Celiac disease ..... see 411
Cerebral palsy, feeding management ..... see 410
Chewing
chronic feeding management problem ..... see 410 or 411
lack of development for 440.1
Child care
hygiene, poor 460.2
safety measures, inadequate 460.1
supervision, need for adequate 460.0
use of resources, need to 460.3
Child, preschool, growth and development ..... see 402
Child, schoolage, growth and development ..... see 403
Child rearing
for specific problem ..... see 460-463
Cleft lip/palate, nutrition management ..... see 411
Clothing
child, need for information 405.0
lack of adequate ..... 462.4 or 464.0
need for equipment to make/care for 464.3
need for layette or infant clothing 464.5
need to learn care/repair/storage of 464.2
special clothing problem 464.4
Colostomy ..... see 411
Community environment
inadequate water supply 432.3
lack of food assistance problems 432.2
lack of food markets 432.0
lack of resources for nutrition & consumer education .. 432.5
transportation to food markets 432.1
Congenital heart, feeding management ..... see 412
Constipation, chronic, feeding management ..... see 411
Consumer education, need for, clothing needs 464.1
Consumer information, lack of, for decisions 461.2
Cooking, inadequate facilities ..... 430.2 or 462.4
Coordination
lack of muscular, chronic feeding problem ..... see 410
physiological development, inadequate 440.6
Counseling (used for information about nutrition & feeding). see 401-405
Credit, misuse 461.3
Cultural environment, see specific problem ..... see 431
Cystic fibrosis ..... see 411 or 413

- D -

Death of parent or caretaker	452.1 or 462.0
Deficiency	
ascorbic acid	see 413 or 441.3
folic acid	see 413 or 441.3
iron	see 417
other vitamins	see 413 or 441.3
vitamin C	see 413 or 441.3
vitamin D	see 413
Delayed self-feeding, learning problem	422.0
Delayed weaning	
intake problem	441.4
need for information	402.5
Dental care, need for information	401.1, 402.1, 403.3, 404.5
Dental conditions	
caries, control diet	see 414
feeding management problems (edentulous)	see 411
other condition affecting chewing	see 411
psychological development, inadequate	440.1
Diabetes mellitus, chronic, feeding management problems	see 411
Diarrhea, chronic, feeding management	see 413
Diet, modified, see specific problem	
at variance with cultural patterns	431.5
information, appropriate diet for age	401.0, 402.7, 403.2, 404.3
information on preparation for infant formula/food	401.2
motivation, lack of	see 410-419
supplements, adolescent pregnancy	451.0
supplements, information for age	401.6, 402.7, 403.2, 404.3
Discipline of child	460.0
Drug abuse	
child, feeding management	see 421
newborn addiction, feeding management	see 421
parent	462.7
Dysentery, feeding management	see 411 or 450

- E -

Education	
consumer, for buying clothes, money management, household goods	464.1
consumer and money management	461.2
dissemination of misinformation	434.5
nutrition, lack of resources	432.5
nutrition, lack of utilization of resources	433.2
Electrolyte imbalance	see 413

Emotional and/or behavioral problems
- in child ..... see 420
- in parent
  - inability to manage time and energy resources 462.3
  - inappropriate feeding practices due to emotional disability 462.0
  - inadequate provision for care of child ..... see 460

Endocrine disorders as goiter, diabetes ..... see 413

Environment
- cooking facilities, inadequate 430.2
- community ..... see 432
- cultural ..... see 431
- family ..... see 460 or 464
- home ..... see 430
- housing space inadequate and/or unsafe 430.0
- refrigeration, lack of 430.1
- unsanitary home conditions (source of lead, etc.) 430.5
- water supply, unsafe or inadequate 430.4

Epilepsy, nutrition management ..... see 410

Equipment
- inappropriate purchase of 461.4
- need for adaptive equipment (see specific problem) .... see 410-419
- needed to make clothing or for care of household goods. 464.3

Exercise, inappropriate type or amount 416.7

Extended family situation 434.1

- F -

Faddism, food
- cultural 431.1
- need for information (teenagers) 404.3
- social 434.3

Failure to thrive 440.7

Family relationships
- crisis 452.4
- disrupted 462.6
- extended family situation 434.1
- loss of family member or homemaker 452.1
- need for information 405.2

Fat, metabolism
- nutrition ..... see 413

Feeding management
- adolescent pregnancy ..... see 451
- breast feeding, need for information 401.3
- drug abuse or alcoholism ..... see 421
- during fever ..... see 450
- during gastrointestinal illness, acute chronic ..... see 411
- during respiratory illness, acute chronic ..... see 410, 415, 419 or 440.5

for surgery ..... see 450
lactation in adolescent ..... see 451
low birth weight infant, 0-6 months 440.0
Feeding practices for age, need for information ..... see 401-404
Feeding skills
delayed self-feeding 420.4
lack of appropriate-for-age development ..... see 440
Fever
acute, feeding management ..... see 450
Fluid intake
in acute illness ..... see 450
in chronic illness (see specific problem) ..... see 410-419
Folic acid deficiency ..... see 411
Folklore - superstitutions ..... see 431 or 434
need for information 401.5, 402.5
Food
allergies ..... see 415
assistance programs, lack of resources 432.2
lack of utilization 433.0
buying, inadequate knowledge and skill 463.0
information and/or assistance 405.6
faddism, cultural 431.1
social 434.3
habits, bizarre or unusual 420.3
improper selection of nutrients 422.2
inappropriate substitutions (cultural) 431.0
intake, inappropriate and/or inadequate ..... see 441
related to illness ..... see 410-419
management, inadequate knowledge and skill ..... 462.5 or 463
information and/or assistance 405.6
markets, lack of 432.0
meal planning, inadequate knowledge and skill 463.2
information and/or assistance 405.6
myths 431.3
nutrients, information (for age) 401.6, 402.6, 403.2, 404.3
preparation for age, need for information ..... see 401-404
preparation, inadequate knowledge and skill 463.3
information and/or assistance 405.6
procurement of
during acute illness and surgery 450.1
in adolescent pregnancy 451.2
in drug or alcohol abuse ..... see 421
with growth and development problem ..... see 440 or 441
storage and sanitation, inadequate knowledge 463.1
information and/or assistance 405.6
storage space, lack of 430.4
Forgets to eat, alcohol/drug abuse 421.2
Formula
infant preparation, needs information (no overt problem) 401.2
low birth weight infant (overt problem present) 440.1
Fractures, feeding management ..... see 410

- G -

Gastro-intestinal (acute), feeding management ..... see 450
Gastro-intestinal (chronic)
  constipation management
    acute ..... see 450
    chronic ..... see 411
  diarrhea management ..... see 411
  feeding management ..... see 411
  malabsorption management ..... see 411 or 413
  ulcer management
    acute ..... see 450
    chronic ..... see 411
Geophagy (geophagia) 431.2
Glomerulonephritis, acute, nutrition management ..... see 450
  chronic, nutrition management ..... see 412
Growth and development
  need for nutrition information ..... see 401-404
  overt, temporary deviations ..... see 440 & 441

- H -

Handicapped, physically, feeding management ..... see 410
Hives, allergic reaction ..... see 415
House
  inadequate space 430.0
  poor use of space 462.1
  remote from resources 430.7
  unsafe (includes sources of lead) 430.0
  unsanitary conditions..... 430.6
Housekeeping
  lack of skills 462.2
  need for information 405.1
Household management
  lack of housekeeping skills 462.2
  lack of organization, time/energy 462.3
  need for information ..... see 405
  poor utilization of space 462.1
Hygiene, poor, child 460.2
Hyperthroidism, endocrine disorder ..... see 413
Hypoglycemia, endocrine disorder ..... see 413
Hypothyroidism, endocrine disorder ..... see 413

- I -

Illness
  acute ..... see 450
  chronic, long-term ..... see 410-419
Immobilization, chronic, feeding management ..... see 410
Inadequate knowledge and skill, feeding management ..... see 463
Inborn errors of metabolism, feeding management..... see 413
Income
  allocation, unable to meet needs 461.1
  economic crisis 461.0
  extenders, lack of utilization 461.5
  loss of or lack of 452.3, 461

Infant
- failure to thrive 440.7
- formula (preparation), need for information (no overt problem) 401.2
- nutrition management information ..... see 401
- low birth weight ..... see 440

Infantile scurvy 441.3

Information
- lack of consumer, clothing and household management ... 464.1
- lack of consumer, for money management 461.2

Information, need for (no overt problem)
- appropriate diet for age ..... see 401-404
- breast feeding 401.3
- food preparation (other than formula) 401.2
- infant formula preparation 401.2
- normal feeding patterns or practices ..... see 401-404
- nutrients (for age) 401.1

(If overt problem exists, see listing under problem)

Iron deficiency anemia
- need for information (for age) 401.6, 402.6, 403.2, 404.3
- nutritional management ..... see 413

- K -

Kidney disease ..... see 412

- L -

Lacerations, severe, feeding management ..... see 450

Lactation
- adolescent pregnancy ..... see 451
- breast feeding 401.3

Language barrier, speaks only foreign language 431.4

Lead poisoning
- nutrition management ..... see 413
- unsafe housing 430.0

Learning problems of child ..... see 422

Living space, poor utilization 462.1

- M -

Malabsorption, chronic nutrition management problems ..... see 411 or 413

Malnutrition ..... see 419
- failure to thrive 440.7

Management
- clothing and household goods ..... see 464
- family life ..... see 462
- food ..... see 463
- lack of, in home management 462.3

Mental retardation
- of parent or other caretaker 462.0
- lack of development of feeding skills 422.0
- learning problem ..... see 422
- nutrition management ..... see 410

Metabolic disorders, nutrition management ..... see 413
Milk allergy, feeding management ..... see 415
Money management
- alcohol and drug abuse 421.1
- economic crisis 461.0
- inappropriate purchase of furnishings/equipment 461.4
- income allocation, poor 461.1
- income extenders, lack of utilization 461.5
- lack of consumer information 461.2
- misuse of credit 461.3
- needs information 405.3

Motivation, lack of for diet ..... see 410-419
Muscular coordination, chronic lack of, feeding management.. see 410
- inadequate physiological development 440.6

Muscular dystrophy, feeding management ..... see 410
Myths about food
- cultural 431.3
- need for information ..... 401.5 or 402.4

- N -

Nephrosis, feeding management ..... see 412
Normal infant feeding patterns, information needed 401.0
Nutrient needs (foods and nutritional supplement)
- adolescent pregnancy or lactation 451.0
- improper food selection for nutrients needed ..... 420.6 or 463.0
- information needed 401.6, 402.6, 403.2, 404.4

Nutrition education
- lack of community resources for 432.5

- O -

Obesity, nutrition management ..... see 416
- need for information 401.4, 402.2, 403.0, 404.0
- overweight for stature (transient) 441.0

Organization of resources, lack of 462.3
Over-eating
- adolescent pregnancy 451.5
- causing anorexia (behavioral problem) 420.2

Overfeeding, infant, need for information 401.4
Overweight ..... see 416 or 401.4, 402.2, 403.0, 404.0

- P -

Parasites, resulting in malnutrition ..... see 419
Parent and/or caretaker
  disability, physical or mental 462.0
  lack of management skills affecting child ..... see 460-464
Peer pressure
  affecting nutritional status 434.0
  to loose weight - family or friends 416.7
Pica
  cultural 431.2
  in adolescent pregnancy 452.6
  in preschool child 402.3
P.K.U. ..... see 410, 411, 413
Pneumonia, viral, feeding management ..... see 450
Pregnancy, adolescent, nutrition management ..... see 451
Preschool child, need for information ..... see 402
Preventive measures in nutrition (according to age) ..... see 401, 402, 403, 404
Psychological problems
  of child ..... see 420
  of parent or caretaker 462.0

- R -

Reading problems 422.3
Refrigeration, lack of or unsafe 430.1
Refusal to eat
  alcohol/drug abuse 420.0
  behavioral/emotional 421.3
Regurgitation, anorexia - emotional 420.1
Relocation 452.0
Renal disorders
  acute glomerulonephritis ..... see 450
  chronic renal failure ..... see 413
  nephrosis, nutrition management ..... see 413
Respiratory disease, feeding management
  acute ..... see 450
  allergic reaction ..... see 415
Rheumatic fever, nutrition management ..... see 412
Rickets, feeding management ..... see 410 or 441.3
Ruminations, anorexia - emotional 420.1

- S -

Safety, lack, for child care 460.1
School lunch, lack of utilization of income extender 461.5
Self feeding
  delayed 422.0
  need for information 401.0
Separation of child from parent or caretaker 452.1
Skin disorder
  allergy ..... see 415
  nutrition management ..... see 410, 412, 419

Snacking ..... see 416.1 or 402.0, 403.4, 404.2
Solids, transition delayed beyond one year ..... 402.6 or 420.5
Sucking
  chronic, feeding management ..... see 411
  physiological development, inadequate 440.1
Supplements
  information needed in adolescent pregnancy 451.0
  nutritional 401.6, 402.7, 403.2, 404.4
Supervision, child, inadequate 460.0
Surgery, nutritional management ..... see 450
Swallowing
  management ..... see 410
  nutrition management ..... see 411
  physiological development inadequate 440.2

- T -

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